

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09 577,980

FILING DATE

5-25-00

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	(1)											
2							51					
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44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.	4						100					
TOTAL DEP.	36						TOTAL IND.					
TOTAL CLAIMS	40						TOTAL DEP.					

Post Available Copy